

State of Connecticut Department of Public Safety Division of State Police

| STATE POLICE   | DPS-90-C (Rev. 04/10 | )3) CR | MIN                               | AL INFOR   | MATION   | SUM   | MARY                           | □ AI                   | DDITION    | AL PAGES         |
|--|----------------------|--------|-----------------------------------|--|--|---|--------------------------------|------------------------|------------|------------------|
| TROOP / UNIT:D CRIMINAL INFORMATION SUMMARY ADDITIONAL PAGES  OTHER INVOLVED AGENCY: NO YES,   |                      |        |                                   |  |  |   |                                |                        |            |                  |
| DATE:<br>10/12/06  |                      |        |                                   | GATING TROOPER / OFFICER:<br>lliam L. Kuckel Jr. |  |   | DPS CASE NUMBER:<br>0600357740 |                        |            |                  |
| LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):   |                      |        |                                   |  |  |   |                                |                        |            |                  |
| 54 Brick house Rd. Killingly   |                      |        |                                   |  |  |   |                                |                        |            |                  |
| SUMMARY OF INCIDENT OR AFFIDAVIT:   ARREST MADE UNDER INVESTIGATION  |                      |        |                                   |  |  |   |                                |                        |            |                  |
| Over the last several days Troop "D" had received numerous calls for two white males driving a red pick-up truck   |                      |        |                                   |  |  |   |                                |                        |            |                  |
| soliciting Killingly residents to have their driveways paved. On the above date and time an alert neighbor residing at the   |                      |        |                                   |  |  |   |                                |                        |            |                  |
| above address notified State Police that said individuals were currently at his residence and that he would stall them until   |                      |        |                                   |  |  |   |                                |                        |            |                  |
| State Police arrived. Upon arrival both individuals were placed under arrest for Offering to Make Home Improvements  |                      |        |                                   |  |  |   |                                |                        |            |                  |
| without a Registration. Further investigation revealed that both worked for Highway Paving of Quaker Hill, Ct. and   |                      |        |                                   |  |  |   |                                |                        |            |                  |
| Highway Paving had a denied Home Improvement Contractor License.  VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD) |                      |        |                                   |  |  |   |                                |                        |            |                  |
| NAME / BUSINESS  |                      |        |                                   |  |  | JUVENILE: INJURED:  |                                |                        |            |                  |
|  |                      |        |                                   |  |  |   |                                | ☐ YES                  |            | YES              |
|  |                      |        |                                   |  |  |   |                                | AGE                    |            | □NO              |
| NAME / BUSINESS / AGENCY:  |                      |        | F ADDRESS: (TOWN/CITY&STATE ONLY) |  |  |   |                                | JUVE                   | YES        | INJURED:         |
|  |                      |        |                                   |  |  |   |                                | AGI                    |            | NO               |
| NAME / BUSINESS / AGENCY:  M   |                      |        | F ADDRESS: (TOWN/CITY&STATE ONL)  |  |  |   |                                | JUVE                   |            | INJURED:         |
|  |                      |        |                                   |  |  |   | YES                            | YES                    |            |                  |
| Introduction (DA 1)  |                      |        |                                   |  |  |   | E: NO                          |                        |            |                  |
| ARRESTED:(DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS- IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD NAME:    ADDRESS:   ADDRESS:                                       |                      |        |                                   |  |  |   |                                |                        |            | N DOB FIELD)     |
| William T. Williams 07/07/87 268 Route 66 Columbia, Ct.  |                      |        |                                   |  |  |   |                                |                        |            |                  |
| CHARGES: COI   |                      |        |                                   |  | BOND:  |   |                                |                        | INJURED:   |                  |
| 1.Offering to make home  |                      |        | GA: 11                            |  | ☐ CASH ☐ SURETY  |   |                                | ☐ YES ☒ NO             |            | ⊠ NO             |
| improvements w/o registration  |                      |        |                                   |  | NON-SURETY □ WPTA  |   |                                | AMBULANCE:  ☐ YES ☒ NO |            |                  |
| 2.   |                      |        | TOWN: Danielson                   |  | AMOUNT S: 5,000.00  ☐ TO BE PRESENTED AT COURT           |   |                                | HOSPITAL:              |            |                  |
| 3.   |                      |        | 10/23/06                          |  | TRANS TO DEPT OF CORRECTION                              |   |                                | S @:                   |            |                  |
| 4. DATE: 10/23/06  |                      |        |                                   |  |  |   |                                |                        |            |                  |
| NAME: M  |                      |        |                                   |  | ADDRESS:<br>553 Mohegan Ave. Quaker F                    |   |                                | T'11 O                 |            |                  |
| Stewart V. Wil   | liams                |        | _                                 | 10/23/87   |  | gan Av  | e. Quaker H                    | IIII, C                |            |                  |
| CHARGES:   | i coming to male     | .      | COURT:                            |  | BOND:  |   | SURETY                         |                        | INJURE     | D: NO            |
| 1.Conspiracy to offering to make home improvements w/o registration  |                      |        | GA: 11                            |  |  | NON-SURETY WPTA   |                                |                        | AMBULANCE: |                  |
| 2.   |                      |        | TOWN: Danielson                   |  | AMOUNT 8: 1,000.00                                       |   |                                | HOSPITAL:              |            | //// <del></del> |
| 3.   |                      |        |                                   |  | ☐ TO BE PRESENTED AT COURT ☐ TRANS TO DEPT OF CORRECTION |   |                                | ROSPITAL:              |            |                  |
| 4.   |                      |        | DATE: 10                          | 0/23/06  |  |   |                                | 13 (8).                |            |                  |
| NAME:  |                      |        | □ F                               | DOB:   | ADDRESS:   |   |                                |                        |            |                  |
|  |                      |        |                                   |  |  |   |                                |                        |            |                  |
| CHARGES:   |                      |        | COURT:                            |  | BOND:  |   | _                              |                        | INJURE     |                  |
| 1.   |                      | GA:    |                                   | ☐ CASH ☐ NON-SURE                                | TV   | ☐ SURETY ☐ WPTA   | ☐ YES ☐ NO<br>AMBULANCE:       |                        |            |                  |
| 2.   |                      |        | more r                            |  | AMOUNT S:  |   |                                |                        | ☐ YES ☐ NO |                  |
| 3.   | '•                   |        | TOWN:                             |  | ☐ TO BE PRESENTED AT COURT                               |   |                                | HOSPITAL:              |            |                  |
| 4.   |                      | - 1    | DATE:                             |  | ☐ TRANS TO   | DEPT OF   | CORRECTION                     | S @:                   |            |                  |
| NAME:  |                      |        | I □ F                             | DOB:   | ADDRESS:   |   |                                |                        |            |                  |
|  |                      |        | -                                 |  |  | -   |                                |                        |            |                  |
| CHARGES:   |                      |        | COURT:                            |  | BOND:  |   | SURETY                         |                        | INJURE     | D:               |
| 1.   |                      |        | GA:                               |  | NON-SURE   | TY  | □ WPTA                         |                        | AMBUL      | ANCE:            |
| 2.   |                      |        | TOWN:                             |  | AMOUNT \$:   |   |                                |                        |            | □ NO             |
| 3.<br>4.   |                      |        | 20.1111                           | 1  |  | ☐ TO BE PRESENTED AT COURT ☐ TRANS TO DEPT OF CORRECTIONS |                                |                        | HOSPITAL:  |                  |
| 4.   |                      |        | DATE:                             | f in   | LI IRANS IO  | DEFT OF   | CORRECTION                     | 13 (B):                | _ //A      |                  |
| SUPERVISOR'S APPROVAL REQUIRED: INITIALS: ID #: VAID DATE:   |                      |        |                                   |  |  |   |                                |                        |            |                  |